

**ISSUE SLIP STAPLE AREA (for additional cross references)**

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	CD		2/2/2000

## INDEX OF CLAIMS

.....	Rejected	N	.....	Non-elected
✓ .....	Allowed	I	.....	Interference
= .....	Canceled	A	.....	Appeal
(Through numeral).....	Restricted	O	.....	Objected

Claim	Final	Original	Date
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10			
11			
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13			
14	✓	✓	✓
15	✓	✓	✓
16	✓	✓	✓
17	✓	✓	✓
18	✓	✓	✓
19	✓	✓	✓
20	✓	✓	✓
21	✓	✓	✓
22	✓	✓	✓
23	✓	✓	✓
24	✓	✓	✓
25	✓	✓	✓
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32	✓	✓	✓
33	✓	✓	✓
34	✓	✓	✓
35	✓	✓	✓
36	✓	✓	✓
37	✓	✓	✓
38	✓	✓	✓
39	✓	✓	✓
40	✓	✓	✓
41	✓	✓	✓
42	✓	✓	✓
43	✓	✓	✓
44	✓	✓	✓
45	✓	✓	✓
46	✓	✓	✓
47	✓	✓	✓
48	✓	✓	✓
49	✓	✓	✓
50	✓	✓	✓

Claim	Date
Final	Original
51	
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Claim		Date
	Final	

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**If more than 150 claims or 10 actions  
staple additional sheet here**

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